

# Exhibit A

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

| STATE FILE NUMBER   |  | LOCAL REGISTRATION NUMBER  |  |
|---|--|--|--|
| 3202319008185   |  |  |  |
| <b>CERTIFICATE OF DEATH</b><br><small>STATE OF CALIFORNIA<br/>USE BLACK INK ONLY / NO BRAGLES, WHITEOUTS OR ALTERATIONS<br/>VS-101 (REV 3/06)</small>   |  |  |  |
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>EVERETT</b>   |  | 3. LAST (Family)<br><b>BYRAM</b>   |  |
| 2. MIDDLE<br><b>JACOB</b>   |  | 4. DATE OF BIRTH mm/dd/yyyy<br><b>07/21/1988</b>   |  |
| 5. AGE Yrs.<br><b>34</b>  |  | 6. SEX<br><b>M</b>   |  |
| 7. DATE OF DEATH mm/dd/yyyy<br><b>02/10/2023</b>  |  | 8. HOUR (24 Hours)<br><b>2300</b>  |  |
| 9. STATE/FOREIGN COUNTRY<br><b>WA</b>   |  | 10. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  |  |
| 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |  | 12. MARITAL STATUS/PROF (at Time of Death)<br><b>MARRIED</b>   |  |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back)<br><b>SOME COLLEGE</b>   |  | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO         |  |
| 15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>CAUCASIAN</b>   |  | 16. YEARS IN OCCUPATION<br><b>14</b>   |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>WRITER</b>   |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>SOCIAL MEDIA</b>                                |  |
| 19. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>37529 OXFORD DRIVE</b>  |  |  |  |
| 20. CITY<br><b>PALMDALE</b>   |  | 21. COUNTY/PROVINCE<br><b>LOS ANGELES</b>  |  |
| 22. ZIP CODE<br><b>93550</b>  |  | 23. YEARS IN COUNTY<br><b>8</b>  |  |
| 24. STATE/FOREIGN COUNTRY<br><b>CA</b>  |  | 25. INFORMANT'S NAME, RELATIONSHIP<br><b>URSULA BYRAM, WIFE</b>  |  |
| 26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>37529 OXFORD DRIVE, PALMDALE, CA 93550</b>  |  | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>37529 OXFORD DRIVE, PALMDALE, CA 93550</b> |  |
| 28. NAME OF SURVIVING SPOUSE/PROF - FIRST<br><b>URSULA</b>  |  | 29. MIDDLE<br><b>NIETO</b>   |  |
| 30. LAST (BIRTH NAME)<br><b>NIETO</b>   |  | 31. NAME OF FATHER/PARENT - FIRST<br><b>MORRIS</b>   |  |
| 32. MIDDLE<br><b>EVERETT</b>  |  | 33. LAST<br><b>BYRAM, JR</b>   |  |
| 34. NAME OF MOTHER/PARENT - FIRST<br><b>VALORIE</b>   |  | 35. MIDDLE<br><b>RUTH</b>  |  |
| 36. LAST (BIRTH NAME)<br><b>SOUTH</b>   |  | 37. BIRTH STATE<br><b>TX</b>   |  |
| 38. DISPOSITION DATE mm/dd/yyyy<br><b>02/24/2023</b>  |  | 39. PLACE OF FINAL DISPOSITION<br><b>RESIDENCE OF URSULA BYRAM</b>   |  |
| 40. TYPE OF DISPOSITION<br><b>CREMATE/TRANSIT/RESIDENCE</b>   |  | 41. SIGNATURE OF EMBALMER<br><b>JULEEN LADE</b>  |  |
| 42. NAME OF FUNERAL ESTABLISHMENT<br><b>HAILEY OLSEN MURPHY FUNERALS &amp; CREMATIONS</b>   |  | 43. LICENSE NUMBER<br><b>EMB8251</b>   |  |
| 44. LICENSE NUMBER<br><b>FD1067</b>   |  | 45. SIGNATURE OF LOCAL REGISTRAR<br><b>MUNTU DAVIS MD</b>  |  |
| 46. DATE mm/dd/yyyy<br><b>02/23/2023</b>  |  | 47. DATE mm/dd/yyyy<br><b>02/23/2023</b>   |  |
| 48. PLACE OF DEATH<br><b>ANTelope VALLEY MEDICAL CENTER</b>   |  | 49. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA                       |  |
| 50. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Home <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other   |  | 51. CITY<br><b>LANCASTER</b>   |  |
| 52. COUNTY<br><b>LOS ANGELES</b>  |  | 53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>1600 W AVENUE J</b>  |  |
| 54. CAUSE OF DEATH<br><b>GUNSHOT WOUND OF THE HEAD</b>  |  | 55. DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 56. IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>GUNSHOT WOUND OF THE HEAD</b>   |  | 57. RAPID<br><b>2023-01689</b>   |  |
| 58. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST   |  | 59. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107<br><b>NONE</b>  |  | 61. AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)<br><b>NO</b>  |  | 63. USED IN DETERMINING CAUSE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br><b>DECEASED ATTENDED SINCE: [REDACTED] DECEASED LAST SEEN AT: [REDACTED]</b>   |  | 65. DECEDENT PRECANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                   |  |
| 66. SIGNATURE AND TITLE OF CERTIFIER<br><b>[REDACTED]</b>   |  | 67. LICENSE NUMBER<br><b>[REDACTED]</b>  |  |
| 68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>[REDACTED]</b>   |  | 69. DATE mm/dd/yyyy<br><b>02/17/2023</b>   |  |
| 70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>EVONNE R-JACKSON, DEP CORONER</b>  |  | 71. INJURED AT WORK?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                 |  |
| 72. INJURY DATE mm/dd/yyyy<br><b>02/10/2023</b>   |  | 73. HOUR (24 Hours)<br><b>2200</b>   |  |
| 74. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined |  | 75. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)<br><b>OTHER: BACKYARD OF RESIDENCE</b>  |  |
| 76. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)<br><b>SHOT BY OTHER</b>  |  | 77. LOCATION OF INJURY (Street and number, or location, and city, and zip)<br><b>37529 OXFORD DRIVE, PALMDALE, CA 93550</b>                              |  |
| 78. SIGNATURE OF CORONER / DEPUTY CORONER<br><b>EVONNE R-JACKSON</b>  |  | 79. DATE mm/dd/yyyy<br><b>02/17/2023</b>   |  |
| 80. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>EVONNE R-JACKSON, DEP CORONER</b>  |  | 81. DATE mm/dd/yyyy<br><b>02/17/2023</b>   |  |
| 82. STATE REGISTRAR<br><b>A</b>   |  | 83. CENSUS TRACT<br><b>[REDACTED]</b>  |  |

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

\* 003686467 \*

FEB 28 2023

